

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
 03-29-2002 91433 015 ****61.25

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DOCUMENT # 756739

1. Entity Name
GAINESVILLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business Mailing Address

7300 SW 35TH WAY **7300 SW 35TH WAY**
GAINESVILLE FL 32608 **GAINESVILLE FL 32608**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0258500** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, RICHARD T.
STE 500
408 W UNIVERSITY
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNELL, DAN 5830 SW 35TH WAY GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. SCARBOROUGH, RICK ☒ Change ☐ Addition PO BOX 107050 GAINESVILLE, FL 32614-7050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, PETER 10019 SW 44TH LANE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLARD JOYNER 4031 NW 97 Blvd GAINESVILLE, FL 32606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMAGOST, PAM 3225 SW 62ND LANE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LAURIEE CANTON ☐ Change ☒ Addition 3774 SW 66 RD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARBOROUGH, RICK PO BOX 107050 GAINESVILLE FL 32614-7050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MR. HENRI TOBI ☐ Change ☒ Addition 6902 SW 36 WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **3/19/02** **352-392-1408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)